

# John O'Grady

## FRANKLIN COUNTY CLERK OF COURTS

### APPLICATION for EMPLOYMENT

#### An Equal Opportunity Employer

373 South High St., 23<sup>rd</sup> Fl. - Administration, Columbus, Ohio 43215

We actively solicit and hire qualified applicants regardless of their race, religion, color, sex, age, handicap or national origin.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street

County City State Zip

Length of time at this address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Residence Business

Social Security Number: \_\_\_\_\_

Position Applied for: ☐ Data Entry Clerk ☐ Customer Service Clerk  
☐ File Clerk ☐ Other: \_\_\_\_\_  
☐ Full Time ☐ Part Time

Were you previously employed by a City, County or State Agency? ☐ Yes ☐ No

If yes, list Agency and date of employment: \_\_\_\_\_

Do you have relatives currently employed by this Office? ☐ Yes ☐ No

If yes, Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Division: \_\_\_\_\_

Were you referred to this office? ☐ Yes ☐ No

If yes, by whom? \_\_\_\_\_

Have you ever been convicted of, or pled guilty to a crime, felony or misdemeanor?

☐ Yes ☐ No If yes, explain in full \_\_\_\_\_

## PREVIOUS EMPLOYMENT

List below **present** and **last two** employers, beginning with the most recent:

Name, Address and type of Business	From: Mo./Yr.	To: Mo./Yr.	Brief Job Description	Hourly Salary	Reason for Leaving	Name and Phone number of Supervisor

May we contact your present employer?      ☐ Yes      ☐ No

## REFERENCES

<b>Personal:</b> Name	Address	City	State	Phone Number
<b>Business:</b> Name/Title	Address	City	State	Phone Number

## EDUCATION

Training	Name and Address	Did you graduate	Number of Years Completed	Major Subjects or Type of Courses
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	9 10 11 12	
Business, Correspondence or Vocational School		<input type="checkbox"/> Yes <input type="checkbox"/> No	No of Months:	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
Other Courses or Special Training		<input type="checkbox"/> Yes <input type="checkbox"/> No	No of Months:	

Can you operate a Computer (PC)? ☐ Yes ☐ No      Typing speed: \_\_\_\_\_

Special Skills: \_\_\_\_\_

If your application is considered favorably, what date would you be available? \_\_\_\_\_

### PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I make this statement with knowledge that any false or misleading statement or omission of material may be sufficient cause for dismissal. I authorize verification of the information I have submitted in this application. I also certify that I have given permission to make whatever credit and/or investigative inquiries the employer deems necessary in connection with my employment application.

In the event that I am employed I will comply with all established policies and practices. I agree that my employment and compensation can be terminated with or without cause at any time, without prior notice, at the option of the employer or myself.

I have read and affirm as my own the above statement.

Signature of

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

If hired, Federal Law requires that within 72 hours of starting work you furnish documentation showing your identity and that you are legally authorized to work in the United States.